

2016 Summer Youth Camp Registration



Covenant Point Bible Camp
 358 W. Hagerman Lake Rd.
 Iron River, MI 49935
 Phone: 906.265.2117 Fax: 906.265.5123
www.cpbc.com | registrar@cpbc.com

Please complete this form, one per child per camp.

Mail it with a \$75 non-refundable deposit.

Add \$25 non-refundable deposit for bus.

When faxing this form, payment by credit card must be paid in full.

Camper's Name: _____ Last _____ First _____ Birthday ____ / ____ / ____ Age ____ Grade in fall 2016 _____

Gender M / F First Time at Point Church _____ City _____

Home Address _____ City/State/Zip _____

Parent(s)/Guardian(s) _____ Home Phone _____

Parent Cell Phone _____ Parent Day Phone _____ Parent Email _____

At the completion of camp, the camper named above will be released to the following person(s): _____

I wish to be in the same cabin as _____
 (We cannot guarantee the placement of more than two friends together).

I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings, and field trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable, involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point, nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Point to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use participant's photo, films, digital images, videos, and sound recordings in future promotional materials.

Signature _____

Printed Name _____ Date _____

Mainland Island Trip
 No bus needed Round trip bus
 One way bus from camp One way bus to camp

Camp Name: _____ Camp Dates: _____

To camp: Chicago Elgin Rockford Madison

From camp: Chicago Elgin Rockford Madison

Early Registration Discount

Save \$35 off any camp when you register and pay in full by March 15th. Your registration form and payment must be postmarked by March 15th-no exceptions.

Family Discount

Save \$35 for each child from the same household attending camp.

Name(s) of sibling(s):

-OR-

Bring-a-Friend Discount (not applicable to 2 or 4 day camps)

Bring a friend who has never been to a Covenant Point summer camp and you each save \$50. You must both attend the same camp program during the same week.

Name(s) of friend(s):

Second Week of Camp Discount (not applicable to 2 or 4 day camps)

Come to a second week of camp and receive a discount of \$100.

Calculate your Cost

Camp Fee	\$
Bus Fee Round trip \$129, One way \$95	\$
Early Registration Discount If all fees are paid in full by March 15	\$
Bring-a-Friend/Family Discount Either, not both	\$
Second Week of Camp Discount	\$
SUBTOTAL	\$
Less Deposit Paid \$75 non-refundable \$25 non-refundable bus	\$
BALANCE DUE	\$

Check enclosed \$ _____ Check # _____
 Make check payable to Covenant Point Bible Camp.

Visa Mastercard

Card # _____ - _____ - _____ - _____

Expiration Date _____ CSC _____

Credit card payments must be for full camp fee.

Signature _____